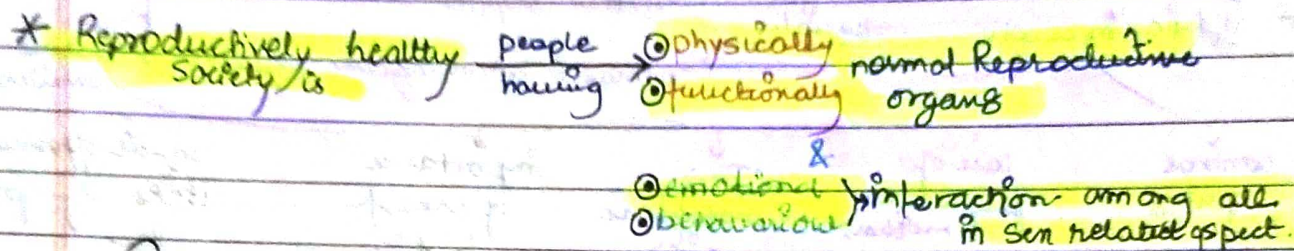
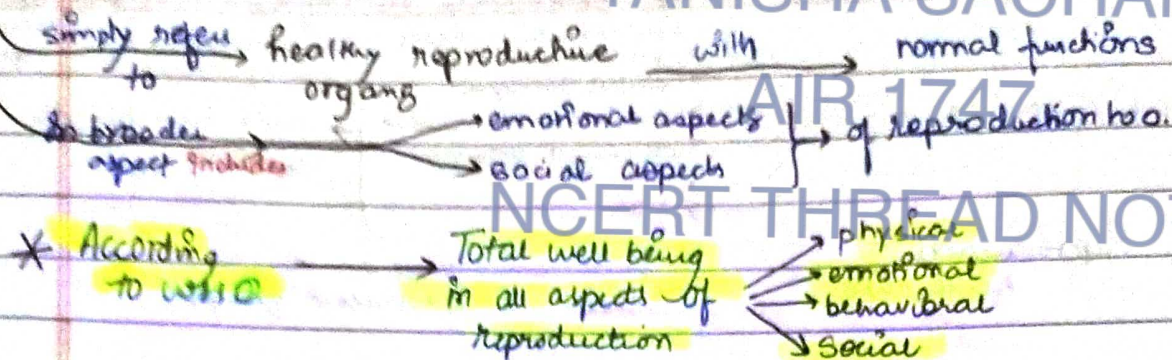


# REPRODUCTIVE HEALTH

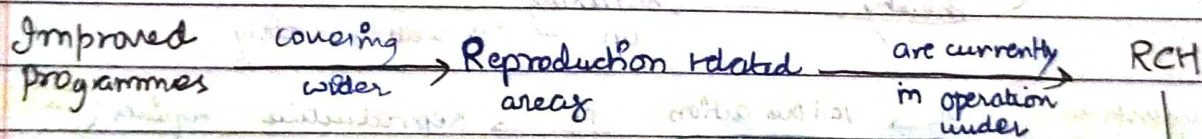
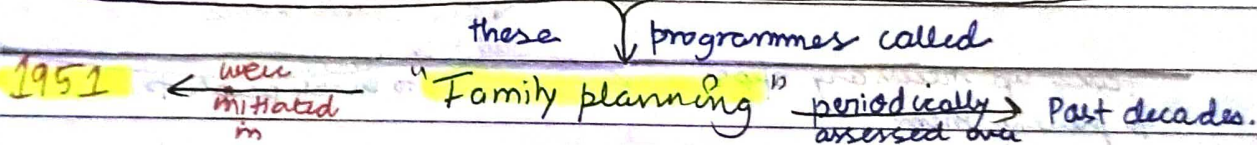
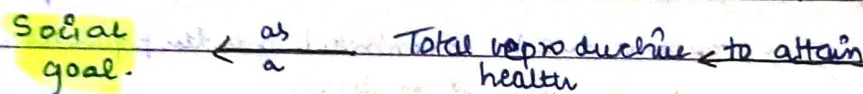
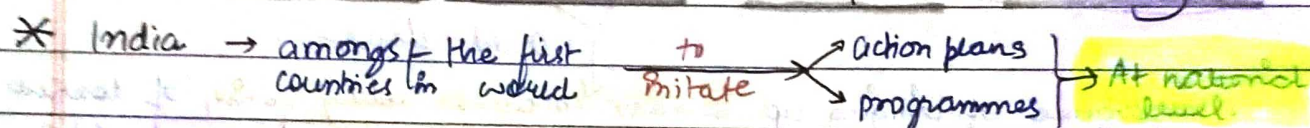
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## Reproductive Health - Problems & Strategies



major tasks under these programmes

Reproductive & Child Health care

Creating awareness among people about various reproduction related aspects

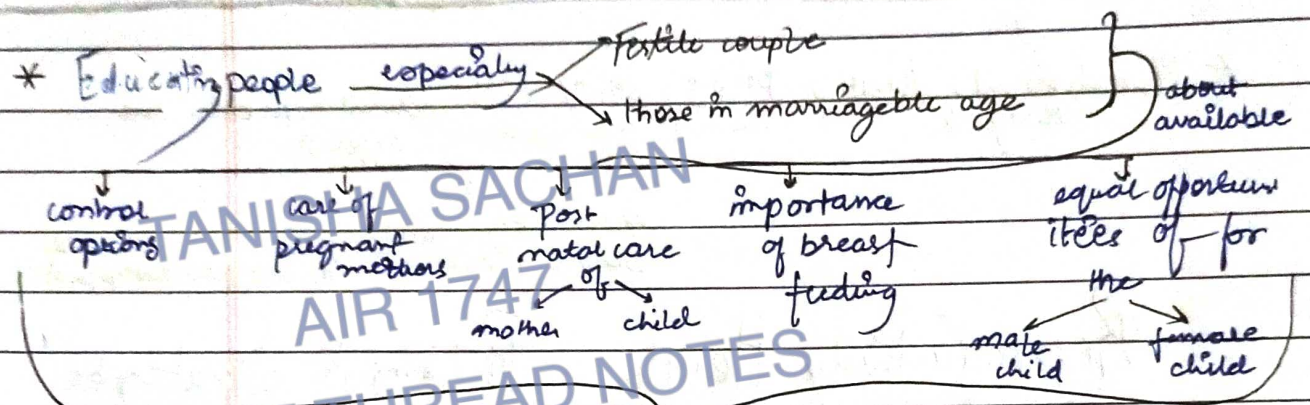
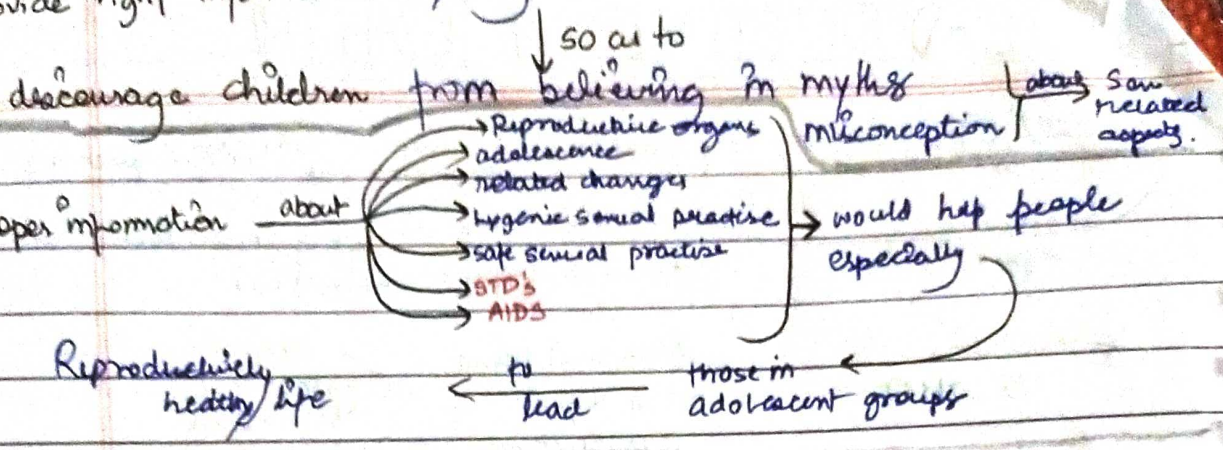
Providing facilities

Providing support for building up reproductively healthy society

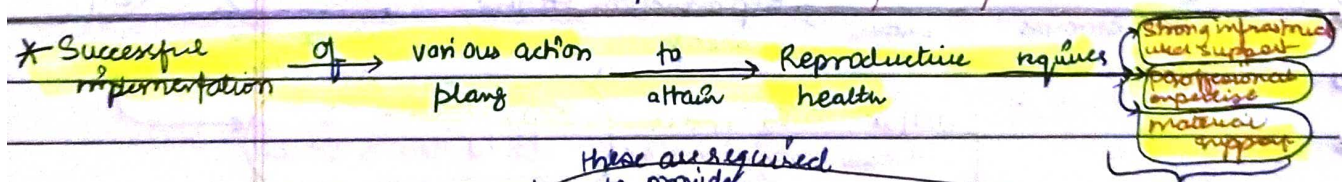
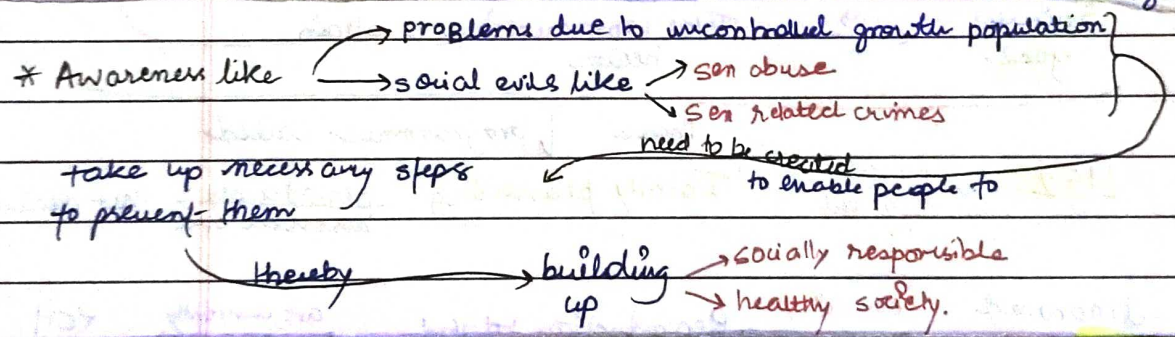
\* For creating awareness among people about reproduction-related aspects:

- ① Help of audio-visual
- ② Print media governmental & non governmental agencies
- ③ Parents, other close Relative, Teachers, Friends → have major role in dissemination of above information

Introduction of sex education in schools should be encouraged to provide right information to young



importance of bringing up socially conscious healthy family of desired size. would address

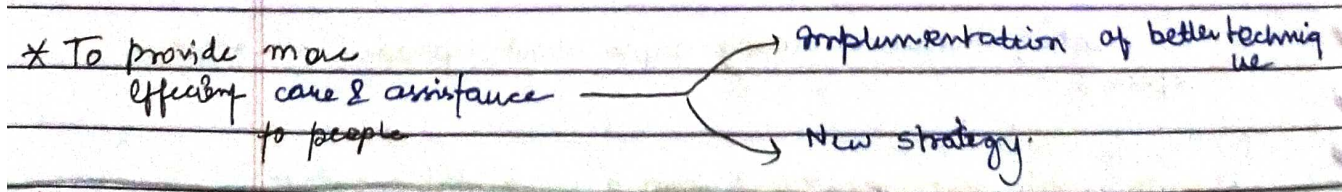


these are required to provide

(Medical assistance) & (care to people in)

Reproduction related problems like

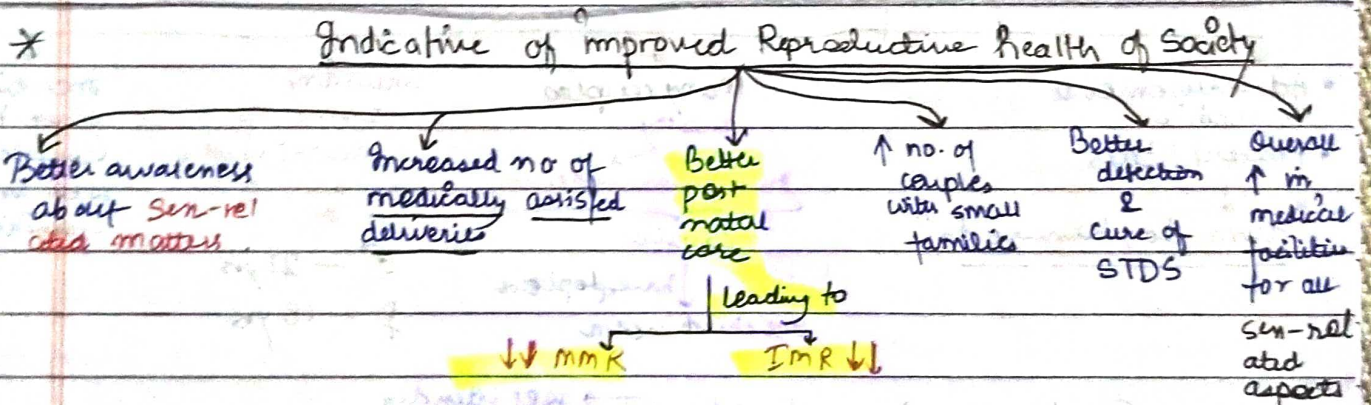
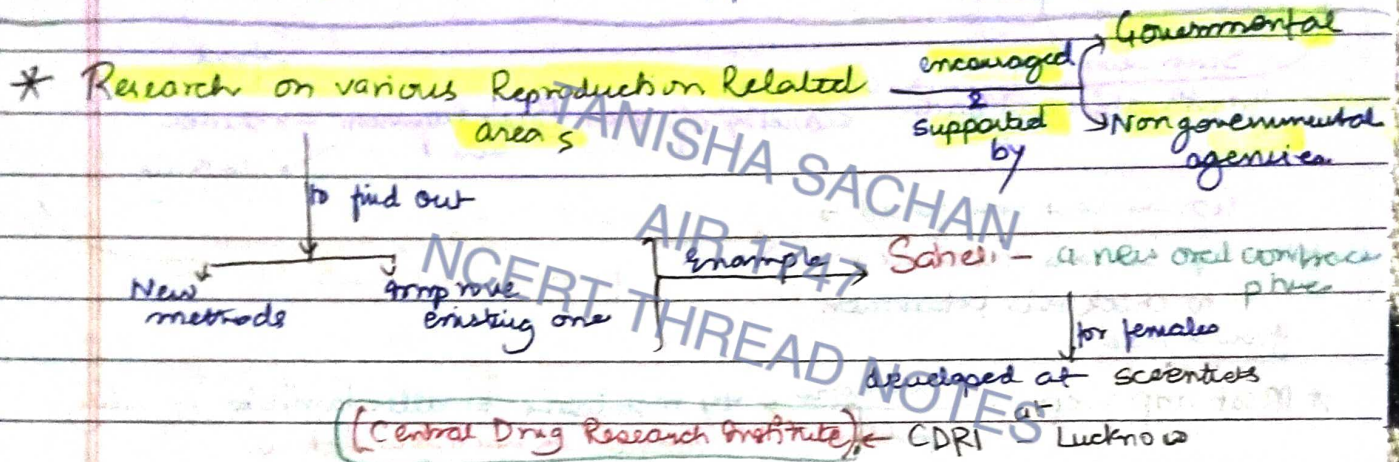
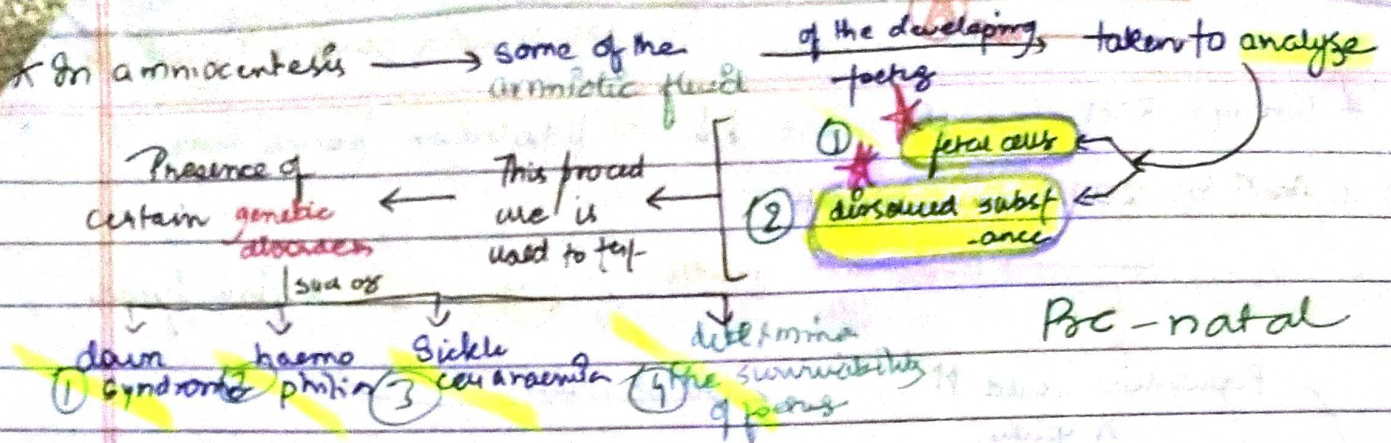
- pregnancy delivery
- STD's
- abortion
- Contraception
- menstrual problems
- infertility



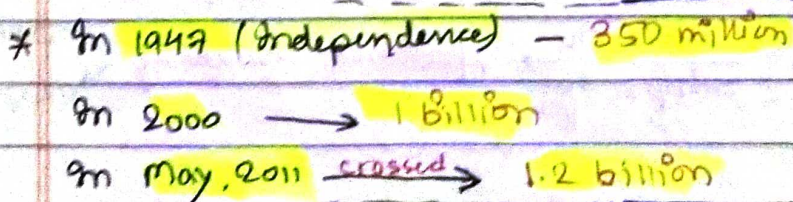
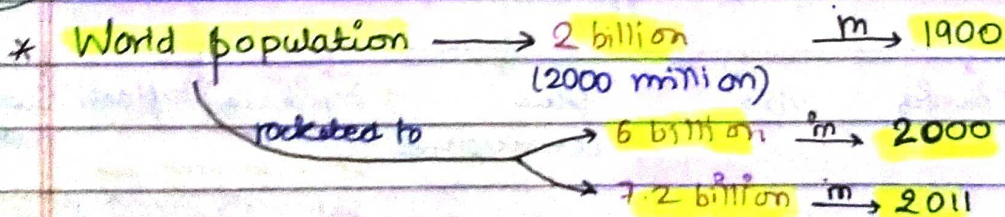
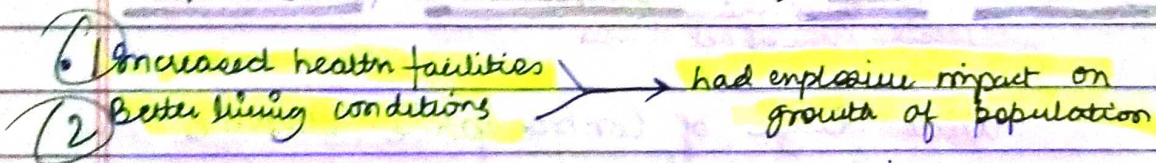
★ Statutory ban on amniocentesis for sex-determination

↑↑ menace of female foeticide to legally check

## Massive child immunization



## Population Stabilization & Birth Control



similar trend was observed in India too

\* Reasons for population explosion

- ↓ Death Rate
- ↓ MMR
- ↓ IMR
- ↑↑ in no. of people in <sup>reproductive</sup> age

\* Through RCH → Marginal ↓↓ in population Growth Rate.

\* Acc<sup>n</sup> to 2011 census report

Population growth rate < 2% i.e. 20/1000/year

Population could ↑ rapidly.

← rate at which

Such alarming growth rate could lead to

absolute scarcity of even basic requirements

→ food  
→ shelter  
→ clothing

Government was forced to take up serious measures to check this population growth rate

← In spite of significant progress in that area

\* Most imp step to overcome this problem → by motivating smaller families by using various contraceptive method.

- Advertisements in media
- Posters / Bales

↓  
"Hum do, hamare do"

Many couples mostly young urban working couples have adopted one child norm

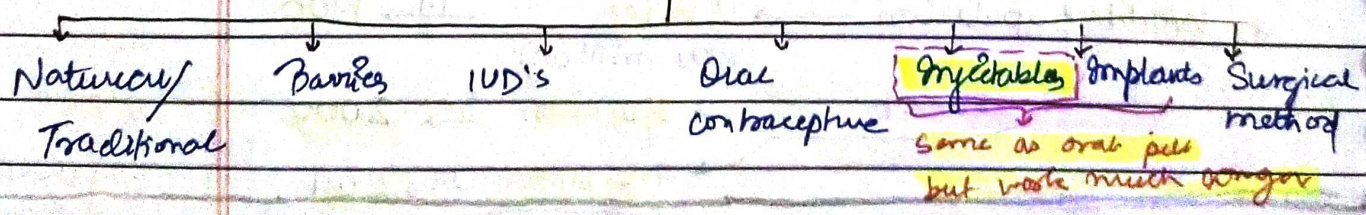
Statutory raising of marriageable age of  
♂ - 21 yrs  
♀ - 18 yrs

Incentives given to couples with small families.

• Ideal Contraceptive

- should be
- User friendly
  - easily available
  - effective
  - Reversible
  - NO/Least Side effects.
- Should not interfere in sexual drive / desire / sexual act of users.

\* Wide Range of Contraceptive Methods



**NATURAL METHODS**

Works on principle of

Avoiding chances of meeting → sperm + ova

## Periodic Abstinence

Coitus is avoided/abstained

from

10-17th days  
of Menstrual cycle

when  
Ovulation is expected

Chance of fertilization  $\uparrow\uparrow$   
during this period  
(hence - **FERTILE PERIOD**)

## Withdrawal OR

Coitus Interruptus  
- plus

Male partner

withdraws  
his penis

to avoid  
insemination

from  
vagina

Ejaculation just  
before

Effective  $\uparrow$  6 months  
Lactational amenorrhoea

## Amenorrhoea

(absence of menstruation)

based on fact

Ovulation  $\rightarrow$  hence Menstrual cycle

do not occur during  
period of intense  
lactation following  
parturition

As long as  
mother feeds  $\rightarrow$  child fully  
(breast feed)

chances of contra-  
ception - nil

\* No medicines  
Device

used in these  
methods

side effects  
are almost  
nil

\* chances of failure of these methods - **high**

## BARRIER METHODS

Such methods - available for both male & female

sperms & ova prevented  
from physically meeting  
with help of barriers.

### CONDOMS

Barriers made of Thin rubber  
(Latex sheath)  
used to cover

Penis of male  $\sigma$

OR

Vagina of female  $\text{f}$   
Cervix

just before coitus

Ejaculated semen so that

would not enter Female reproductive tract.

This can prevent  $\rightarrow$  conception

Nirodh - popular brand of  
condom for  $\sigma$

\* Use of condoms have  $\rightarrow$  additional benefit  
 $\uparrow$  due to of protecting user from AIDS

\* Both  $\sigma$  cond. &  $\text{f}$  cond.  $\rightarrow$  1 disposable  
2 self inserted  
3 privacy

### DIAPHRAGMS

CERVICAL CAPS  
VAULTS

barriers made of rubber

inserted into

Female reproductive tract

to cover  
cervix

during  
coitus

\* They prevent contraception by blocking entry  
of sperms through cervix

\* They are **reusable**

Spermicidal creams

Jellies  
foams

Barriers

used  
along with

$\uparrow\uparrow$  efficiency of contracep-  
tion

# IUD's (Intrauterine Device)

effective  
popular  
most widely accepted  
contraception in India

These devices inserted by doctors OR expert nurses } in uterus through Vagina

Non medicated IUDs	Cu Releasing IUDs	Hormone Releasing IUDs
• (Lippes Loop)	• (CuT), • (Cu7) • (Multiload 375)	• (Progestasert) • (LNG-20)

## \* How does IUD's work?

- ① ↑ phagocytosis of sperms within uterus
- ② Cu ions released suppress sperm motility & fertilizing capacity of sperms

Additional Work of Hormone Releasing IUDs → uterus unsuitable for implantation  
cervix hostile to sperms

IUDs - Ideal for females who want to delay pregnancy  
Space b/w children

## Oral Pills

Small doses of either prog estrogens  
or progestogen-estrogen combination  
usually in the form of  
contraceptive -ve used by female

have to be taken daily for 21 days starting preferably  
first 5 days of menstrual cycle

After a gap (during which menstruation occurs) of 7 days it has to be repeated in same pattern

Female desires to prevent CONCEPTION (not contraception) \* Remember word TILL

## \* How do Oral pills work?

prevent ovulation  
prevent implantation  
alter the quality of cervical mucus to prevent entry of sperm.

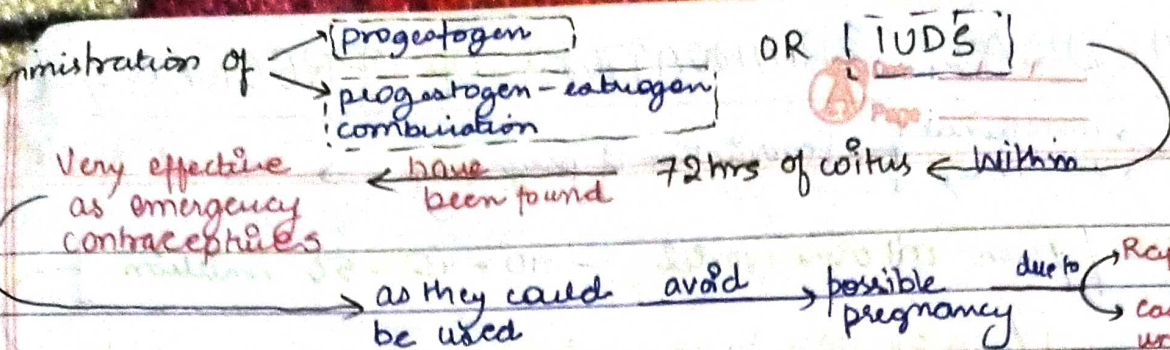
Pills are very effective  
less side effects  
well accepted by females

SAHEU  
new oral contracep. pills  
non-steroidal prep.  
once a week pill  
very few side effects  
high contraceptive value

## Injections / Implants

Progestogens alone OR in combination with estrogen.  
can be used by females as  
injections  
implants (under skin)

Similar to that of pills  
effective period much longer  
their mode of action.



## SURGICAL METHODS / STERILISATION

generally advised for male partners female → as terminal method

more any pregnancies ← to prevent

\* Surgical interventions blocks → gamete transport → thereby preventing conception

Males

- Vasectomy
- A small part of Vas deferens

removed → tied up  
 ↓  
 through small incision  
 on scrotum

Females

Tubectomy

- A small part of Fallopian tube
- ↓ is removed or tied up
- through small incision in
- abdomen Vagina

\* These methods → highly effective  
 → Reversibility is poor

- ① Selection of suitable contraceptive method should always be undertaken in consultation with qualified medical professionals
- ② Its use

\* Contraceptives are not for regular use. / regular requirements for maintenance of Reproductive health.

These are practiced against natural reproductive event i.e. Conception/Pregnancy

One is forced to use these → prevent pregnancy → due to personal reasons.  
 → delay pregnancy

\* No doubt → widespread use of contraceptive methods have reduce signif. role in checking uncontrolled growth of population

very signif., should not totally ignored

↓  
 Nausea Abdominal pain  
 Breakthrough bleeding  
 Irregular menstrual bleeding  
 even breast cancer

if diagnosed.

# MEDICAL TERMINATION OF PREGNANCY (MTP)

intentional & voluntary → termination of pregnancy → Induced Abortion

MTPs / year all over world — 45 - 50 million

1/5th of total pregnancies conceived accounts to in a year.

\* Whether to accept / legalise MTP or not being debated → In many countries due to emotional, ethical, social, religious issues

\* Government legalised MTP in 1971 with strict conditions to avoid its misuse

In India ← illegal & indiscriminate female foeticide ← Such restrictions are all more important to check

\* Why MTP? → To get rid of unwanted pregnancies due to

casual unprotected intercourse, Rapes, continuation of pregnancy could be harmful or fatal for mother or both, failure of contraceptive used during coitus

\* MTP → considered relatively safe → during first trimester (12 weeks of pregnancy) → Second trimester abortions — much riskier

\* One disturbing trend → majority of MTPs performed by unqualified quacks → unsafe → fatal

\* Another dangerous trend → Misuse of Amniocentesis to determine the sex of unborn child → followed by MTP. → fetus is found to be female → frequently → Such practices should be avoided → dangerous for both mother & fetus.

\* Effective counselling on the need to avoid unprotected sex

Risk factors involved in illegal abortions

Providing more health care facilities

→ could reverse above mentioned unhealthy trend.

# Medical Termination Of Pregnancy (Amendment) Act, 2017

enacted by  
Government of India  
with intention of

- 1) reducing the incidence of illegal abortion
- 2) ↓ maternal • mortality • morbidity

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Acc to this act,

★ Pregnancy may be terminated on certain grounds

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on opinion of

within first

12 weeks

1 registered medical practitioner, formed in good faith.

★ If pregnancy lasted

> 12 but < 24 weeks

2 registered medical practitioners should be of opinion, formed in good faith

★ Ground for termination of pregnancy

Continuation of pregnancy

involves

• Risk to the life of pregnant woman

• Grave injury to mental health  
→ physical health

Substantial risk that if child is born

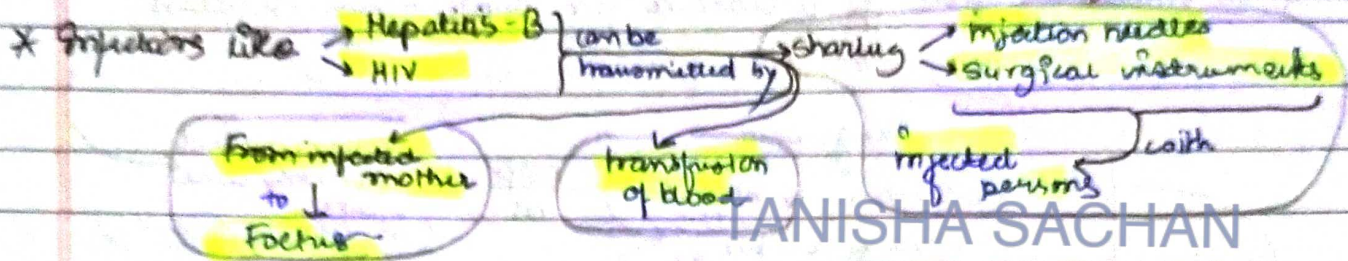
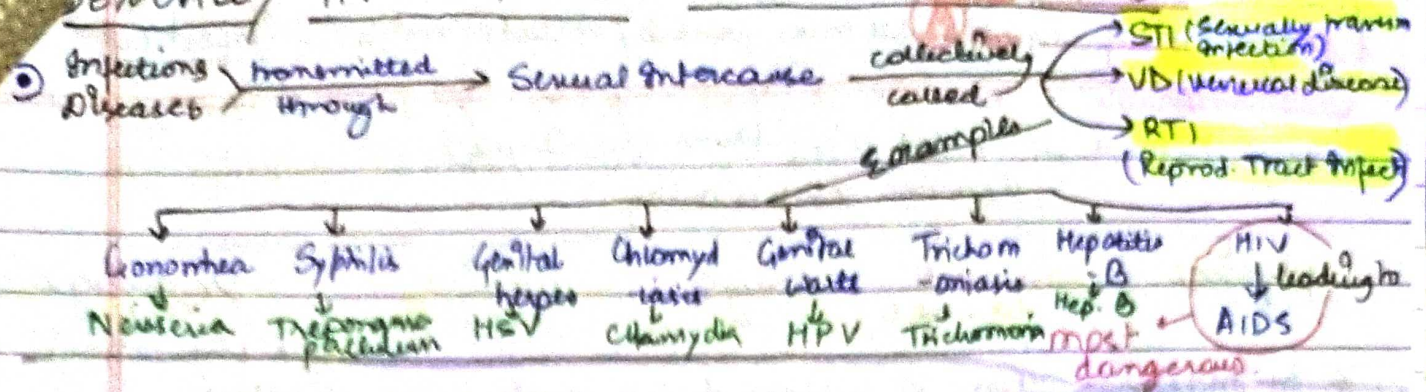
it would suffer

physical abnormalities

mental abnormalities

as to be seriously handicapped.

# SEXUALLY TRANSMITTED INFECTIONS (STI's)



\* Non curable infections: Hepatitis B, Genital herpes, HIV infections

\* Curable - all other diseases: RTI

\* Early symptoms of most of these → minor

Include: itching, fluid discharge, slight pain, swellings in Genital Region

\* Infected ♀ → asymptomatic often hence remain undetected for long.

- Absence / Less symptoms (significant) in early stage of infection
- Social stigma attached to STI's

these could lead to:

- timely detection
- proper treatment

Complications later like:

- Pelvic inflammatory diseases (PID)
- abortion
- Still births
- Ectopic pregnancies
- infertility
- Cancer of Reproductive tract infections

\* STI's - major threat to healthy society

Therefore this:

- prevention or early detection
- cure

\* All persons vulnerable to these infections

RCH programme given prime consideration

but reported ↑ in 15-24 yrs group age

\* One could be free from these infections by following:

- Avoid sex with unknown partner / multiple partners
- Always try to use condoms during coitus
- In case of doubt go to doctor early detection & get complete treatment if diagnosed.

# INFERTILITY

Large no. of couples all over world / include India - infertile  
unable to produce children in spite of unprotected  
sexual co-habitations (even after 2 yrs)

Reasons can be many

physical

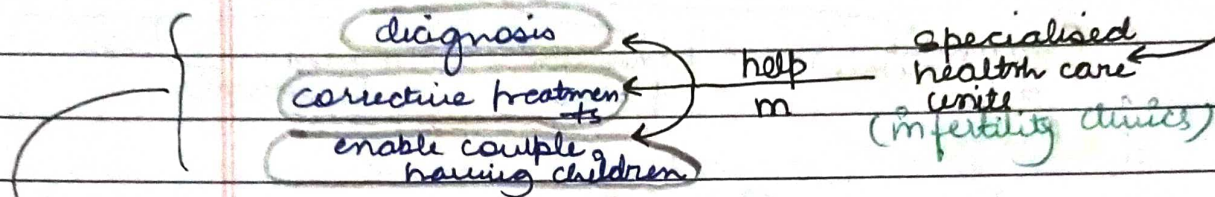
congenital disease

drugs

immunity  
eggs

psychologic-  
al (not physiological)

\* In India - often ♀ is blamed for couple being childless  
but, more often problem lies in ♂.



Where such corrections not possible

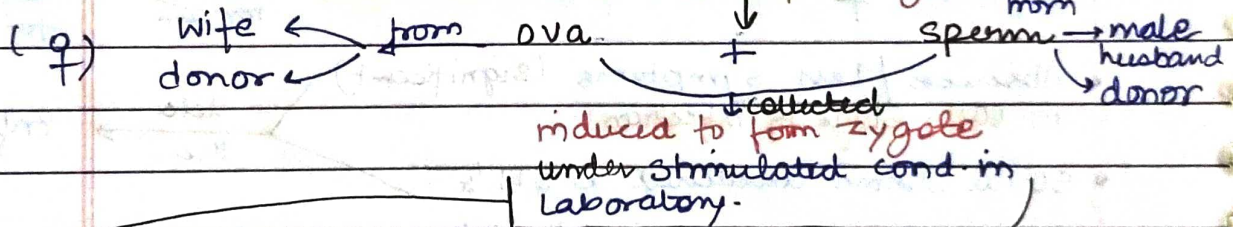
Couples are assisted through ART to have children

## Assisted Reproductive Techniques

In vitro fertilisation  
(Fertilisation - outside body)  
in similar cond. as body

tailored by → Embryo (ET)  
transfer

Test tube Baby programme



Zygote / Early Embryos

With upto 8

transferred by

ZIFT

(Zygote Intrafallopian Transfer)

more than 8

transferred by

UT  
(Intra uterine transfer)

\* Embryo's formed by In Vivo fertilisation  
(fusion of gametes within female)

could be used for such transfer

to assist females who can't conceive

\* GIFT

(Gamete Intrafallopian Transfer)

Transfer of ovum collected from donor into Fallopian tube of other female who cannot conceive but can provide suitable environment for fertilization

ICSI specialised procedure to form embryos in laboratory  
(Intra cytoplasmic Sperm Injection) in which sperm directly injected into Ovary.

\* Infertility cases in which

- inability of male to inseminate ♀
- low sperm count

corrected by  
(AI) Artificial Insemination

Semen (collected from healthy donor or husband) } artificially introduced in

- (1) Vagina (OR)
- (2) Uterus (IUI - Intra uterine insemination)

\* All the techniques require extremely high precision handling by specialised professionals expensive instruments

\* These facilities presently available only in very few centres in country.

\* Benefits are affordable to few people only

\* Emotional Religious Social factors → deterrents in adoption of these method

\* Since ultimate aim is → having children → There are so many

- ① Orphaned children
- ② destitute children

Who would probably not be surviving till maturity. ← unless taken care of

\* Our laws permit legal adoption one of the best method → For couples looking for parenthood.

\* Abortions can happen spontaneously too

\* Oral pills - popular in URBAN women.